

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

REF. NO. **10/585271** FILING DATE
10/

APPLICANT(S)

<i>Art. 19</i>		<i>Art. 34</i>		CLAIMS	
AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/			
2		/	/		
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TOTAL IND.	3				
TOTAL DEP.	13				
TOTAL CLAIMS	16				

AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					